



VA COOPERATIVE STUDIES PROGRAM # 424

Clinical Outcomes Utilizing Revascularization and Aggressive DruG Evaluation

Operations Memo No. 23

Date: August 28, 2000

From: William Boden, MD

Subj: Definition of Diseased Vessels in Setting of Prior Coronary Artery Bypass Graft

To: Study Personnel

Thru: Trial Leadership

For patients who have had prior Coronary Artery Bypass Graft (CABG) surgery, regardless of whether grafts are patent or not at the time of enrollment into the COURAGE Trial, the “number of diseased vessels” (i.e. two-vessel disease, three-vessel disease, etc.) should be defined by the “vascular beds” revascularized, relative to where the new lesion is, not necessarily by the number of CABG grafts replaced.

For example, if a patient had previous CABG surgery with conduits to the LAD, Diagonal, and Circumflex (3 grafts; 2 vascular beds) and now presents with a new stenosis in a COURAGE-eligible vessel in the native RCA that was not previously bypassed, this patient would have “three-vessel disease” (CABG X 3 in 2 vascular beds, and new disease in a third vascular bed). Whether the grafts are patent or occluded should have no bearing on the classification of the extent/distribution of CAD.

If on the other hand a patient previously had CABG surgery with conduits to the LAD and Diagonal (2 grafts; 1 vascular bed), a conduit to the OM branch of the Circumflex (1 vascular bed; 1 graft), and now presents with a new COURAGE-eligible vessel in the native Circumflex (same vascular bed as the OM), this patient would have had CABG X 3 (3 grafts) but would be classified as “two-vessel disease” because the new lesion is in one of the vascular beds already bypassed.

Therefore, it's **not** the number of CABG grafts that would dictate the number of vessels involved, it's the number of “vascular beds” revascularized, relative to where the new lesion is.

If you have any questions about how to classify the number of diseased vessels, please contact one of the study Co-Chairmen.

April 8, 1999